

## PROGRAM PROPOSAL

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# Instituting a Program of Fourth-Year Chief Residents

Prepared for: CCRMC Residency Leadership Group

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# Executive Summary

## Objective

The Contra Costa County Family Medicine Residency (FMR) faces unprecedented challenges from historic, imminent change both on a systemwide and national level. The Patient Protection and Affordable Care Act will increase enrollment and use of a county healthcare system that is already at capacity. The institution of EPIC as our electronic medical record will transform the way that we work by way of a steep learning curve for all providers. These challenges are both opportunities and risks. Both need to be managed. The proposal to institute a program of fourth-year Chief Residents is presented as a way to keep the FMR responsive to the change on our near horizon. It is meant to complement and support other Residency initiatives, including FMR expansion.

## Goals

This proposal will seek to achieve the following:

- I. Provide enhanced leadership and administrative support that will sustain the responsiveness of the FMR to ongoing, and sometimes rapid evolution, including Residency Expansion, should the RLG and County Supervisors approve it;
- II. Ensure rich educational and training opportunities for all residents, including third year residents (R3's) who dedicate substantial discretionary and clinical time as Chief Residents;
- III. Foster a rich learning environment for Residents and Staff alike;
- IV. Develop clinical expertise within our system by providing a unique opportunity to deepen training;
- V. Establish a program for leadership development of Residents at all levels of training.

## Solution

This proposal consists of two fourth-year Chief Residents with 40 percent clinical time. One shall be focused on inpatient administrative and didactic duties (and/or noon conference). The outpatient Chief shall be responsible for outpatient administrative duties and coordination of Problem-Based Learning.

The Chiefs will benefit from a unique opportunity for increased depth of training in an area of interest, and from experience as a junior attending. FMR will benefit from added leadership and improved administrative support. Both FMR and Staff will benefit from an enriched learning environment. The County will benefit from broadened diversity in clinician expertise.

## Recommendation

There are a number of unanswered questions important for determining the feasibility of this proposal. These include, but are not limited to, recruitment of desirable candidates, level of County funding available, other funding (including possible revenue-generation from Chief Resident clinical duties), appropriate salary, and retention of successful candidates within our system at the end of their tenure.

The authors of this proposal request authorization for further study of these questions.

## Introduction

The Contra Costa County Family Medicine Residency (FMR) faces unprecedented challenges from historic, imminent change both on a systemwide and national level. The Patient Protection and Affordable Care Act will increase enrollment and use of a county healthcare system that is already at capacity. The institution of EPIC as our electronic medical record will transform the way that we work by way of a steep learning curve for all providers. At the same time, Family Medicine as a specialty is rapidly evolving. The opportunities for Family Medicine are staggering. However, there are also risks to FMR that must be managed.

## Context

### POSSIBILITY OF RESIDENCY EXPANSION

Expansion will not succeed without adequate administrative support, of which the FMR has not traditionally had the luxury of unlimited quantities. The administrative staffing of the FMR now are encumbered with an amount of work exceeding their capacity. Additional workload—such as scheduling on specialty clinic rotations—is subsumed by Medical Staff on a volunteer basis, with a substantial donation of free time. There is little reserve for additional major initiatives, yet the FMR will soon be faced with one: implementation of an Electronic Medical Record (EPIC). The potential expansion of the residency will be added stress to a stretched system.

### RESIDENT EXPERIENCE & TRAINING

For many residents, there has been a perception that the FMR and hospital move constantly from crisis to crisis. There has been a steady increase in work, with more days of the hospital at maximum capacity, inpatients rooming in the Emergency Department for days, and difficulty in protecting interns from overwhelming patient loads on the inpatient services. Outpatient clinics have seen increasingly booked rosters to meet the required 1,650 family practice visits, with progressively less time for procedures and teaching within clinic.

Residents have traditionally been very involved in initiatives to improve the County health system and the FMR on their own time, where maintaining the balance with their clinical duties is a challenge. In particular, R3 Chief Residents have been effective leaders, and important advocates of the interests of their fellow residents. However, this has not been without detriment to their own education and clinical training. Although the third year has traditionally had a relatively lighter workload, Chief Residents have been involved in most aspects of the County health system that affects the FMR. In addition, these Chiefs have also been the first-line in response to FMR emergencies. This is a tremendous amount of responsibility for individuals who nevertheless may need to work up to 80 clinical hours in a week. Anecdotally, some have related that their clinical training has suffered from this workload. Many former Chiefs had said, if given the chance again, they would have chosen not to be a Chief Resident.

While the solution to these problems is largely outside the scope of this proposal, the problems do affect resident perception of the rewards of working within this system, with potential problems for retention following graduation.

### RESIDENT OVERSIGHT OF LEADERSHIP SKILL-BUILDING

FMR Residents have been a source of innovation and improvement to CCRMC and CCHS. The freedom that comes from the informality in our system has allowed Residents to take greater roles than might be allowed in other systems. On the other hand, resident leadership in this manner has tended to be unstructured, with inconsistent results, and with little mentorship in leadership skill-building (e.g., chairing meetings, agenda setting, delegation, etc.). Residents have little

accountability in taking leadership roles. In such a rigorous training program with a plethora of responsibility, that lack of accountability leads to decreased follow-through on initiatives that are an elective endeavor.

Additionally, in a program that values individuality, establishing clear lines of communication has been a less emphasized leadership skill. There have been many instances when different residents redundantly worked on identical projects. In a way, this is a reflection of the culture in our system. However, our healthcare system continues to evolve in complexity, and a lack of communication is not sustainable for future progress, especially amongst its future leaders.

## Chief Resident Proposal

The proposal to institute a program of fourth-year Chief Residents is presented as a way to keep the FMR responsive to the change on our near horizon. It is meant to complement and support other Residency initiatives, including FMR expansion. Most importantly, this proposal is intended to enhance the educational and training experience of FMR residents, through an enriched educational environment, an emphasis on skills needed for future physician leaders, and a smoother course through training by reducing system-based and administrative stress.

This proposal is founded on the conclusion that residents will be best served by individuals close to the experience of residency, whose primary responsibility is the training and well-being of the residents.

This program is proposed to be structured as follows:

- Two Chief Residents: One with primarily inpatient duties, one with primarily outpatient duties. The two shall equal approximately one full-time employee for FMR administrative work. The Chief Residents shall report to the Residency Director.
- Tenure of one year
- Clinical Time 40%: within Contra Costa Health Services. Clinical time will serve as a mini-Fellowship, with candidates proposing an area of interest at the time of application. This would be broadly defined and could include areas such as critical care, women's health, HIV/AIDS care, and even procedural interests, such as flexible sigmoidoscopies. Chiefs may schedule clinical time outside of CCHS (e.g., global health opportunities) as long as it does not interfere with their duties. This is meant to be a unique opportunity for career enrichment, not available either in residency or in normal professional duties.
- Leadership Responsibilities 20-25%: Chiefs will engage in opportunities designed to enhance leadership skills, both practically with their daily involvement in the residency and in leadership development opportunities in the form of conferences and projects with current staff leaders involved with the Society of Teachers in Family Medicine. Chiefs will also be Co-Chairs of a new Resident Steering Committee (RSC), which shall oversee Resident-driven initiatives for the FMR (e.g., well-being, coverage, resident recruitment, intern orientation, medical student orientation, etc.). Activities of the RSC will be exclusive of curricular initiatives that are within the purview of the RLG, although the RSC may choose to be an advisory body to the RLG.
- Teaching 10-20%: Chiefs will develop skills as teachers through the coordination of Noon Conferences and PBL. A focus will be to research and develop interesting teaching cases to enhance the structured education of the residents and better their skills as educators. Chiefs will also be expected to present to the Medical Staff Community reports from any conferences they attend.
- Administrative Time 20-25%: In exchange for further clinical training, Chiefs will provide administrative support for the FMR. Chiefs will be responsible for Resident schedules, including vacations, assigning coverage for absences, emergencies.
- Salary \$90,572 (50% above R3 salary)

This program shall have the following benefits:

- Two weeks paid for Conferences with expectation of presentation of their activities to the Medical Staff Community.
- Four weeks of vacation
- Medical License Fees reimbursed
- Continuing Medical Education expenses reimbursement
- Meals

## Inpatient Chief

- In coordination with the Outpatient Chief, shall be responsible for coordinating coverage for inpatient services.
- Shall coordinate Noon Conferences
- Shall coordinate (and potentially provide) afternoon backup for inpatient services

## Outpatient Chief

- In coordination with the Inpatient Chief, shall be responsible for coordinating outpatient Resident coverage of inpatient services.
- Shall be responsible for scheduling Residents on a clinic rotation and facilitating elective scheduling. This is exclusive of Family Practice Clinic.
- Shall be in charge of coordinating Problem-Based Learning, including overseeing and providing feedback to (Staff and Resident) presenters

## Potential Impact

### BENEFITS

- Additional administrative support for the FMR, enhancing the Resident experience, while allowing all R3s to focus more time on their training by not having Chief responsibilities.
- Will support expansion of the program through the presence of administrative support
- Potentially improve retention of FMR-trained physicians through a more positive training experience.
- Broaden clinical expertise within our system by adding clinicians with unique skill sets.
- With an inpatient Chief, the ability to change Inpatient Medicine T3 (3rd year teaching role) to a patient service, reducing patient load for all Residents
- Established system for accountability and clearer lines of communication in resident extracurricular activities hopefully leading to more coordinated resident-driven quality improvement of the FMR
- Administrator closer to the resident perspective who is empowered to advocate and help residents advocate for their interests

### CHALLENGES

- This proposal minimally addresses Resident inpatient load, and does not address FPC visit requirements
- Small pool of potential candidates from current R3 who may be interested in this opportunity. Current sentiment is that current R3's would not like an additional training year, although that question has not been posed with the specifics of this proposal in mind.

## Unanswered Questions

- Funding from the County Supervisors
- Can revenue generation from R4 clinical activities be used to fund the program
- How do we ensure retention R4's in whom we have invested significant resources?
- Appropriate candidates: What if we cannot recruit any R3s from within our program? Would a graduate from another FMR be appropriate? Potentially this program could begin in July 2013.
- Initiation of the program: Current R3s would be required to serve as Chiefs until the beginning of the academic year, or alternatively, have no Chiefs until July 2012.

## Recommendations

The authors of this study request authorization and guidelines (including deadline) for further study and presentation of a full proposal.